AMENDMENTS TO THE CLAIMS

Presented below is a complete set of claims with current status indicators.

1. (previously presented by examiner's amendment) A method for detecting ventricular electrical events comprising:

sensing near-field signals using a bipolar lead contacting the atria and detecting atrial events therein;

starting a blanking period corresponding to the detected atrial events;

sensing far-field signals, except during blanking periods corresponding to the detected atrial events, using a lead contacting the heart, to provide far-field signals having substantially only ventricular events; and

examining the ventricular events within the far-field signals to identify repolarization events.

2. (original) The method of claim 1 further including the steps of:

identifying peaks of the ventricular repolarization events; and

specifying repolarization windows based on the repolarization event peaks.

3. (original) The method of claim 2 wherein specifying repolarization windows based on the repolarization event peaks comprises:

identifying a starting point of the repolarization window as commencing 150 milliseconds (ms) prior to a repolarization event peak; and

identifying a ending point of the repolarization window as terminating 150 ms after the repolarization event peak.

4. (previously presented) The method of claim 1 wherein examining the ventricular events to identify repolarization events comprises:

detecting ventricular depolarization events within the unipolar signals;

identifying peaks of the ventricular depolarization events; and

specifying repolarization windows based on the depolarization event peaks.

5. (original) The method of claim 4 wherein specifying repolarization windows based on the depolarization event peaks comprises:

identifying a starting point of the repolarization window as commencing 80 milliseconds (ms) after the depolarization event peak; and

identifying a ending point of the repolarization event window as terminating 480 ms after the depolarization event peak.

6. (original) The method of claim 1 further comprising:

determining energy values associated with the ventricular repolarization events; and

detecting cardiac ischemia based on the energy values of the ventricular repolarization events.

7. (previously presented) The method of claim 6 further comprising determining maximum slopes of the ventricular repolarization events and wherein detecting cardiac ischemia based on energy values comprises utilizing the maximum slopes of the ventricular repolarization events.

8. (original) The method of claim 6 wherein detecting cardiac ischemia is performed to detect acute cardiac ischemia so as to predict a subsequent acute myocardial infarction (AMI).

9. (original) The method of claim 6 wherein determining an energy value associated with ventricular repolarization events comprises calculating:

$$E_{T-Wave} = \sum_{n=Tstart}^{Tend} s(n)$$

wherein s(n) is a digitized version of the cardiac signal, T_{start} and T_{end} are start and end points, respectively, of the repolarization event, and n represents individual samples of the digitized version of the cardiac signal.

10. (original) The method of claim 6 further comprising:

detecting a ventricular depolarization event within the cardiac signals that corresponds to the repolarization event;

determining whether the ventricular repolarization event was the result of a paced beat or a sinus beat; and

wherein the step of detecting cardiac ischemia based on the energy values of the repolarization events takes into account whether the ventricular repolarization events are the result of a paced beat or a sinus beat.

11. (original) The method of claim 10 wherein, in response to a sinus beat, detecting cardiac ischemia comprises:

determining a peak amplitude of the depolarization event that corresponds to the repolarization event;

normalizing the energy values of the repolarization events based on the peak amplitude of the corresponding depolarization event;

determining a running average of normalized energy values of repolarization events;

calculating a difference between a current repolarization event energy value and the sinus event running average; and

determining whether the difference exceeds a predetermined sinus beat detection threshold.

12. (original) The method of claim 11 wherein, if sensed, the step of detecting cardiac ischemia includes the initial step of:

determining whether the sensed beat is an ectopic beat and, if so, ignoring the repolarization event associated with the ectopic beat in the detection of cardiac ischemia.

13. (original) The method of claim 10 wherein, in response to a paced event, detecting cardiac ischemia comprises:

determining a measure of evoked response for the depolarization event that corresponds to the repolarization event;

normalizing the energy values of the repolarization events based on the evoked response of the corresponding depolarization event;

determining a running average of normalized energy values of paced repolarization events;

calculating a difference between a current paced repolarization event energy value and the paced event running average; and

determining whether the difference exceeds a predetermined paced beat-based detection threshold.

14. (original) The method of claim 13 wherein, in response to a paced event, detecting cardiac ischemia comprises:

determining whether the paced beat is a fused beat and, if so, ignoring the repolarization event associated with the fused beat in the detection of cardiac ischemia.

15. (previously presented) The method of claim 6 further comprising:

generating a warning signal indicative of the onset of ischemia.

16. (original) The method of claim 15 wherein the warning signal is an internal warning signal applied directly to patient tissue and has a stimulation frequency different from any other warning signal generated by the device.

17. (previously presented) The method of claim 1 wherein sensing far-field signals is performed using a unipolar lead contacting a ventricle.

18. (previously presented) The method of claim 1 wherein sensing far-field signals is performed using a bipolar lead contacting a ventricle operating in a unipolar mode.

19. (previously presented) The method of claim 1 wherein sensing far-field signals is performed using a bipolar lead contacting an atrium operating in a unipolar mode.

20. (previously presented by examiner's amendment) A system for detecting ventricular electrical events comprising:

a bipolar lead adapted to contact the atria;

a bipolar signal processing unit operative to sense near-field signals using the bipolar lead and to detect atrial events therein and to start a blanking period corresponding to the detected atrial events;

a lead adapted to contact the heart;

a unipolar signal processing unit operative to sense far-field signals, except during blanking periods corresponding to the detected atrial events, using the lead, to provide far-field signals having substantially only ventricular events therein; and

a T-wave detection unit operative to examine the ventricular events within the far-field signals to identify ventricular repolarization events (T-waves) therein.

21. (original) The system of claim 20 further including:

a T-wave energy integration subsystem operative to detect a total energy associated with individual T-waves; and

a cardiac ischemia detection subsystem operative to detect cardiac ischemia based on the total energy of the individual T-waves.

22. (previously presented by examiner's amendment) A system for detecting ventricular electrical events comprising:

means for sensing near-field signals from the atria and detecting atrial events therein;

means for starting a blanking period corresponding to the detected atrial events;

means for sensing far-field signals from the heart, except during blanking periods corresponding to the detected atrial events, to provide far-field signals having substantially only ventricular events; and

means for examining the ventricular events within the far-field signals to identify ventricular repolarization events;

means for calculating total energy values of the ventricular repolarization events; and

means for detecting cardiac ischemia based on the total energy values.